

MISSOURI

DEPARTMENT OF ECONOMIC DEVELOPMENT
AGENT/DISTRIBUTOR SEARCH FORM

MARKETING INFORMATION

List your company's current U.S. marketing channels:

Do you hold a US or international patent and/or intellectual property rights on your products/services?

☐ No ☐ Yes, U.S. only ☐ Yes, both U.S. and International

Do you have an export marketing plan and allocated resources to enter a foreign market?

☐ Yes ☐ No

Describe your product's competitive advantage or market niche.

List the country(ies) that your company has targeted for developing new exports:

List any complimentary or companion product/service lines that might help accurately refine our search for contacts:

List your main U.S. and/or international competitors:

Who are typically the end users or your products/services?

Is there a sensitivity issue of which the state of Missouri should be aware? For example, if your current foreign distributor(s) learn, directly or indirectly, of your firm's search(es) in your specified markets, will this cause a potential problem for your firm?

List your products NAICS / Schedule B codes and any certifications/applicable standards (such as ISO):

Please provide any additional information/comments that you would like to share.

TRADE SERVICES

Please indicate the trade services that you are interested in:

☐ Agent/Distributor Search ☐ Background Check ☐ Business Protocol
☐ Certificate of Free Sale ☐ Export Finance Program ☐ Market Outreach
☐ Trade Counseling ☐ Trade Mission ☐ Trade Show

PARTNER INFORMATION

Does your company already have representation abroad? If so, please list each representative and type of business relationship.

What type of a business relationship(s) is your company seeking?

☐ Agent ☐ General Importer ☐ Direct Sales to End User
☐ JV/Strategic Alliance ☐ Technical Exchange ☐ Other (Please Specify Below)
☐ Distributor ☐ Manufacturer's Representative

Is your company willing to grant territorial exclusivity to an agent or distributor?

☐ Yes

☐ No

☐ Maybe

Please outline the criteria or skills your ideal business partner should possess.

Company Name:

Date:

Please submit form to:

Missouri Department of Economic Development
Business and Community Services Division
301 W. High Street, Room 720
PO Box 118
Jefferson City, MO 65102 USA

Thank you for completing this form and helping us to better assist your business.